

Duluth JPE Trust

YOUR PLAN AT YOUR FINGERTIPS

Manage your plan, cut costs and
feel confident when you get care



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NationalONE™ plan



ABOUT YOUR PLAN

With HealthPartners NationalONE plan, you get the care you need, when you need it at any network doctor nationwide. It's that simple.

You also have network access to many services like:

- Convenience and online care
- Specialty care—no referrals needed
- Prescription medicines
- Preventive care

FIND A DOCTOR IN YOUR NETWORK

When it comes to your health care, finding the right doctor is really important. To see if your doctor is in the Open Access network or to find a new one, you can:

- Visit healthpartners.com/cityofduluth and search the Open Access network. Search for doctors, clinics, specialty and more.
- Learn how doctors rate on cost and quality.
- Choose from more than 700,000 doctors and other care providers, plus 6,000 hospitals in the United States.

HOW YOUR PLAN WORKS

Learn more about how the NationalONE plan works by using this chart with your Summary of Benefits and Coverage (SBC).

YOUR NATIONALONE PLAN	
Your network - where can I go to the doctor?	Open Access network - SBC Page 1
Your deductible - if I have a deductible, how much is it?	SBC Page 1
Your annual out-of-pocket limit - what's the most I will pay for health care?	SBC Page 1
Your office visit costs - how much will I pay for office visits?	SBC Page 2
Your tests - how much will I pay for MRIs, CT scans and X-rays?	SBC Page 2
Your emergency needs - how much does it cost to go to urgent care or the emergency room?	SBC Page 3

Plus, routine preventive care is typically covered at 100 percent. Please check Page 2 of your SBC for more details.

Need help with your plan?

Check out HealthPartners cost calculators and other helpful tools at healthpartners.com/simple.



Get care 24/7



Looking to get better faster? One unique option that's covered by your plan is **virtuwell**®, a 24/7 online clinic. Use **virtuwell.com**—from home, work or even when you're traveling—to get a treatment plan and a prescription if you need one.

QUICK, CONVENIENT, SAFE

1. A **virtuwell** visit starts with a **quick online interview** that checks your history and makes sure the problem isn't serious.
2. Next, a **certified nurse practitioner** will review your case and write your treatment plan. You'll get an email or text the moment your plan is ready - usually within thirty minutes or less.
3. If you need a **prescription**, we'll send it to your pharmacy of choice.
4. If you need to speak with a nurse practitioner about your plan, they're **available 24/7**.

Get started at **virtuwell.com**.

SAVE MONEY

A **virtuwell** visit is only \$40 or your copay depending on your benefit plan. Your satisfaction is guaranteed and if **virtuwell** can't treat you, you don't pay.



TREATS MANY COMMON CONDITIONS

virtuwell treats things like:

- Sinus infections
- Pink eye
- Bladder infections
- Upper respiratory infections
- Rashes and other skin irritations
- And more...

Find the full list at **virtuwell.com/conditions**.



98% of customers highly recommend **virtuwell**®.

Source: *virtuwell patient satisfaction survey*



Health care reform



You probably have questions about how health care reform affects you, your family and your health plan.

There are several changes that have already gone into effect and others still to come - some you might notice, others you won't. The impact will be different for everyone, but we're here to help guide you through the details.

HERE ARE FOUR THINGS YOU SHOULD KNOW ABOUT HEALTH CARE REFORM:

What's the change?	What does it mean?
No annual or lifetime maximums on essential health benefits	As part of health care reform, a certain set of health care services have to be covered under individual and small employer plans—these are called essential health benefits (EHBs). Large employer plans don't have to cover EHBs, but if they do, they can't have annual or lifetime maximums on them. Some EHBs include emergency services, hospital care and mental health care. For a full list, visit healthcare.gov and search "essential health benefits."
Limits on out-of-pocket maximums*	Health care reform puts limits on the amount you'll have to pay out of pocket for health care services. Starting in 2014, out-of-pocket maximums will be \$6,350 for single coverage and \$12,700 for family coverage. The money you spend on copays and your deductibles count toward these maximums.
Preventive care coverage*	All new health plans cover certain preventive services, like routine mammograms and immunizations at no charge.
Coverage for young adults and people with pre-existing conditions	Health care reform makes sure more people are covered. If you're a young adult, you can be covered on your parents' plan through age 26. Starting in 2014, you can't be denied coverage for a pre-existing condition.

*Grandfathered plans are exempt from this requirement

Have questions?

Learn more about how health care reform might impact you by visiting healthcare.gov or healthpartners.com/reform. You can also talk to your employer or call HealthPartners Member Services at the number on the back of your Member ID card.



Your questions answered

As a HealthPartners member, you have personal support when you need it. Contact us when you have questions about your coverage or health — we're here to help.

If you have questions about	Call	Go online
<ul style="list-style-type: none"> Your coverage, claims or account balances Finding a doctor, dentist or specialist in your network Finding care when you're away from home Immunizations and paperwork needed for travel 	<p>Member Services Monday – Friday, 7 a.m. – 7 p.m., CST</p> <p>Call the number on the back of your Member ID card or 952-883-5000 (800-883-2177 toll-free)</p> <p>Español: 952-883-7050 o 866-398-9119</p> <p>Interpreters are available if you need one.</p>	<p>Log on to healthpartners.com/cityofduluth</p>
<ul style="list-style-type: none"> Whether you should see a doctor Home treatment options A medicine you're taking 	<p>CareLineSM Service — Nurse line 24/7, 365 days a year</p> <p>Call 612-339-3663, 800-551-0859 or 952-883-5474 (TTY).</p>	<p>Visit healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none"> Understanding your health care and benefits How to choose a treatment option 	<p>HealthPartners[®] Nurse NavigatorSM Program Monday – Friday, 7 a.m. – 7 p.m., CST</p> <p>Call the Member Services number on the back of your Member ID card.</p>	<p>Visit healthpartners.com/decisionsupport</p>
<ul style="list-style-type: none"> Your pregnancy The contractions you're having Your new baby 	<p>BabyLine Phone Service 24/7, 365 days a year</p> <p>Call 612-333-2229 or 800-845-9297</p>	<p>Visit healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none"> Finding a mental or chemical health care professional in your network Your behavioral health benefits 	<p>Behavioral Health Personalized Assistance Line (PAL) Monday – Friday, 8 a.m. – 5 p.m., CST</p> <p>Call 952-883-5811 or 888-638-8787</p>	<p>Log on to healthpartners.com/cityofduluth</p>



When your 5-year-old wakes up with a fever at 2 a.m., call CareLineSM Service for help. The nurses will be there to help you get his fever down, even in the middle of the night.



Your guide to well-being

Want to live a healthier life? We can help. As a HealthPartners member, you'll get the tools, support and resources you need to be a healthier, happier you. We'll help you focus on what's important to you.

GET HEALTHY

- **Get one-on-one support for your health condition.** Partner with a health coach to get more of what you want from life. Call us 24/7 to speak with someone about your health.
- **Make the right decision for you.** It can be hard to know which treatment option is best for you. Get help making the right decision based on what's important to you.
- **Watch, listen and interact online.** Our virtual coaches can help you eat better, be active and stress less.

HEALTHY RESOURCES

- **Find information about your health.** Visit the Health Information Library. Search health topics, try out the symptom checker and use other great tools.
- **Discover yumPower.** Find tasty tips and useful resources to eat better and get power at yumpower.com.
- **Sign up for weekly texts.** Get helpful tips for you and your baby's health by texting BABY (or BEBE for Spanish) to 511411.

Visit healthpartners.com/healthyliving to check out these tools and more.

STAY HEALTHY

- **Discover Healthy DiscountsSM.** Just for being a HealthPartners member, you'll save on exercise equipment, spa services and more.
- **Stay up-to-date.** Find out when you and your family are due for vaccines, lab tests, screenings and routine checkups.
- **Get group support.** Take a class or attend a group session — topics include asthma, car seat clinics, weight loss and more.





Know your care costs

When you choose a health plan, you want to know how much you'll pay for care. With so many options, it can be confusing to know where to go. Use this information to help you get the best care while managing your out-of-pocket costs.

When you need	Go to	Average cost	Average time spent
Health advice from a nurse. For example, if you have questions about: <ul style="list-style-type: none"> Medicines Cold or cough Upset stomach 	CareLine SM Service — Call CareLine 24/7 at 612-339-3663 or 800-551-0859	Free	
Treatment and prescriptions for minor medical issues. For example: <ul style="list-style-type: none"> Sinus infection Yeast and bladder infections Pinkeye 	virtuwell [®] (a 24/7 online clinic) or convenience clinics (found in retail and grocery stores)	\$	
A regular checkup or care for urgent problems during the day. For example: <ul style="list-style-type: none"> Immunizations Ear infection Strep throat 	Primary care clinics	\$\$	
Care for urgent problems when primary care clinics are closed. For example: <ul style="list-style-type: none"> Cuts that need stitches Possible broken bones Sprains 	Urgent care clinics	\$\$\$	
Help in an emergency. For example: <ul style="list-style-type: none"> Chest pain or shortness of breath Serious cuts and burns Head injury 	Emergency room	\$\$\$\$	



No matter where you're traveling, you can count on HealthPartners.

Whether you're getting ready for a trip or not feeling your best, we can

help. Visit healthpartners.com/careanywhere to learn more.



Your plan made easy

As a HealthPartners member, it's easy to manage your plan and feel confident when you get care. Whatever your preference, you can stay connected—online, on your smartphone or via text.

When you want to:	Find it:
See your benefits and specific plan information	
See your claims and explanations of benefits (EOBs)	
Check your plan balances, including your deductible, out-of-pocket maximum and more	
Search for doctors in your network or near your current location	
Manage your health care costs and plan for future expenses	
View your HealthPartners Member ID card and fax it to your doctor's office	
Find tips for getting and staying healthy	



CONNECT ONLINE

With a *myHealthPartners* online account, your specific benefits, claims and tips for living healthy are just a click away. You'll even get cost saving tips based on your claims! Sign up at healthpartners.com.

TEXT TO CONNECT

Don't have a smartphone? Check your plan balances by setting up your mobile phone to get texts from HealthPartners. Once you verify your phone number, text us to get your balance. You can also get weekly eat better texts from HealthPartners yumPower by texting YUM to 77199.

CONNECT ON YOUR SMARTPHONE

Whether you're at home or on-the-go, your plan information is right at your fingertips. HealthPartners iPhone app and mobile site makes using your plan easy wherever you are. Visit healthpartners.com/gomobile to learn more.

Looking for more? Download the HealthPartners yumPower iPhone app to find better-for-you meal options at restaurants near you.

Summary of utilization management programs

HealthPartners utilization management programs help ensure effective, accessible and high quality health care. These programs are based on the most up-to-date medical evidence to evaluate appropriate levels of care and establish guidelines for medical practices. Our programs include activities to reduce the underuse, overuse and misuse of health services. These programs include:

- Inpatient concurrent review and care coordination to support timely care and ensure a safe and timely transition from the hospital
- “Best practice” care guidelines for selected kinds of care
- Outpatient case management to provide care coordination
- The CareCheck® program to coordinate out-of-network hospitalizations and certain services.

We require prior approval for a small number of services and procedures. For a complete list, go to healthpartners.com/cityofduluth or call Member Services. You must call CareCheck® at 952-883-5800 or 800-942-4872 to receive maximum benefits when using out-of-network providers for in-patient hospital stays; same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than \$3,000; home health services after your visits exceed 30; and skilled nursing facility stays. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. Benefits will be reduced by 20 percent if CareCheck® is not notified.

Our approach to protecting personal information

HealthPartners complies with federal and state laws regarding the confidentiality of medical records and personal information about our members and former members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent or authorization from our members (or an authorized member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our privacy notice, please visit healthpartners.com/cityofduluth or call Member Services at 952-883-5000, 800-883-2177.

Appropriate use and coverage of prescription medications

We provide our members with coverage for high quality, safe and cost-effective medications. To help us do this, we use:

- A formulary of prescription medications that has been reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A special program that helps members who use many different medications avoid unintended medication interactions.
- The formulary is available at healthpartners.com/pharmacy, along with information on how medications are reviewed, the criteria used to determine which medications are added to the list and more. You may also get this information from Member Services.

THIS PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES. READ YOUR PLAN MATERIALS AND SUMMARY OF BENEFITS AND COVERAGE (SBC) CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

For details about benefits and services, call Member Services at 952-883-5000 or 800-883-2177.

Provider reimbursement information for medical plans

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal.

- Some providers are paid on a “**fee-for-service**” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- Some providers are paid on a “**discount**” basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- Sometimes we have “**case rate**” arrangements with providers, which means that for a selected set of services the provider receives a set fee, or a “case rate,” for services needed up to an agreed upon maximum amount of services for a designated period of time. Alternatively, we may pay a “case rate” to a provider for all of the selected set of services needed during an agreed upon period of time.
- Sometimes we have “**withhold**” arrangements with providers, which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in one or more of the following ways:
 - » Withholds are sometimes used to pay specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withhold based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures
 - » Some providers — usually hospitals — are paid on the **basis of the diagnosis** that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “**per diem**,” according to the number of days the patient spent in the facility.
 - » Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
 - » Occasionally our reimbursement arrangements with providers include some **combination** of the methods described above. For example, we may pay a case rate to a provider for a selected set of services needed during an agreed upon period of time, or for services needed up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services that are not provided within the time period or that exceed the maximum amount of services. In addition, although we may pay a provider such as a medical clinic using one type of reimbursement method, that clinic may pay its employed providers using another reimbursement method.

Check with your individual provider if you wish to know the basis on which he or she is paid.



Want tips for eating better?

Check out HealthPartners yumPower—it's all about finding tasty, good-for-you foods that power your body and help you live the best life possible. After all, when you eat better, you feel better! Get started at yumpower.com — your mind, body and taste buds will thank you.

